

City of Grapevine
Medical Plan Benefit Designs
2011 - 2012 Plan Year

Coverage	Platinum		Gold		Platinum	Monthly Premiums	Bi-weekly Premiums	Payroll Code
	In Net	Out of Net	In Net	Out of Net				
Individual Deductible	\$2,500	\$3,000	\$1,750	\$2,250	EE Only	\$0	\$0	Ded 82
Family Deductible	\$5,000	\$6,000	\$3,500	\$4,500	EE + Child	\$33	\$15.23	Ded 83
Co-Insurance %	80%	60%	80%	60%	EE + Spouse	\$37	\$17.08	Ded 83
Out of Pocket (incl. Deductible)					EE + Family	\$60	\$27.69	Ded 83
Single OOP	\$3,500	\$4,550	\$2,750	\$3,800	Gold			
Family OOP	\$7,000	\$9,100	\$5,500	\$7,600	EE Only	\$0	\$0.00	Ded 72
Dr. Copay	*see below	*see below	*see below	*see below	EE + Child	\$67	\$30.92	Ded 73
HRA (Single)	\$1,000		\$1,000		EE + Spouse	\$74	\$34.15	Ded 73
HRA (Family)	\$2,000		\$2,000		EE + Family	\$120	\$55.38	Ded 73
Threshold Deductible net OOP					Silver			
Individual Threshold	\$1,500	\$2,000	\$750	\$1,250	EE Only	\$21	\$9.69	Ded 72
Family Threshold	\$3,000	\$4,000	\$1,500	\$2,500	EE + Child	\$100	\$46.15	Ded 73
Individual Net OOP	\$2,500	\$3,000	\$1,750	\$2,250	EE + Spouse	\$111	\$51.23	Ded 73
Family Net OOP	\$5,000	\$6,000	\$3,500	\$4,500	EE + Family	\$180	\$83.08	Ded 73
HSA Seed Money					Bronze			
Single		\$400			EE Only	\$28	\$12.92	Ded 62
Family		\$800			EE + Child	\$133	\$61.38	Ded 63
					EE + Spouse	\$148	\$68.31	Ded 63
					EE + Family	\$240	\$110.77	Ded 63
					Dental			
					EE Only	\$0	\$0.00	Ded 64
					EE + Child	\$15	\$6.92	Ded 65
					EE + Spouse	\$15	\$6.92	Ded 65
					EE + Family	\$20	\$9.23	Ded 65
					Vision			
					EE Only	\$0	\$0.00	Ded 60
					EE + Child	\$15	\$6.92	Ded 61
					EE + Spouse	\$15	\$6.92	Ded 61
					EE + Family	\$20	\$9.23	Ded 61
					Flex Med			Ded 21
					Flex Care			Ded 19
					Opt Out			Ded 30
					HSA Flex			Ded 25

*subject to the deductible then paid at co-insurance rate
HRA & HSA seed money contributed by the City